

Los Angeles County **Board of Supervisors** June 22, 2010

TO:

FROM:

SUBJECT:

Gloria Molina

First District

Each Supervisor

Mark Ridley-Thomas

Second District

Fifth District

John F. Schunhoff, Ph.D. John F. Schunhoff, Ph

Zev Yaroslavsky Third District Interim Director

Don Knabe Fourth District STATUS REPORT ON KEY INDICATORS OF PROGRESS. HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED

TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER - PROGRESS REPORT #37 (Agenda Item #S-1,

June 22, 2010)

Michael D. Antonovich

John F. Schunhoff, Ph.D. Interim Director

Gail V. Anderson, Jr., M.D. Interim Chief Medical Officer This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the month of May 2010.

The Average Daily Census (ADC) for the month of May was 595 out of 671

census for Medical/Surgical units was an estimated 92 % utilization rate (94%

licensed beds, an estimated 87% utilization rate (89% occupancy). The

Census Trending (ADC includes Psychiatric & Newborn Patients)

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Emergency Department (ED) Indicators

occupancy) for May 2010.

www.dhs.lacounty.gov

To improve health through leadership, service and education.

During this period, key indicators in attachment 1 such as ED Boarding Time, Left Without Being Seen, ED Cycle Time and Diversion were stable or slightly decreased. As demonstrated in the Crowding Level Comparison chart on page 9, overcrowding indicators spiked during this period and were significantly mitigated with the activities outlined in the facility's Surge Plan, such as management bed huddles; closing to lateral transfers from other hospitals; transfers out to Rancho and private hospitals; expedited discharges; and opening the Temporary Med/Surg Overflow area.

If you have any questions or need additional information, please contact me or Carol Meyer, Chief Network Officer at (213) 240-8370.

JFS:CM:pm 811:003

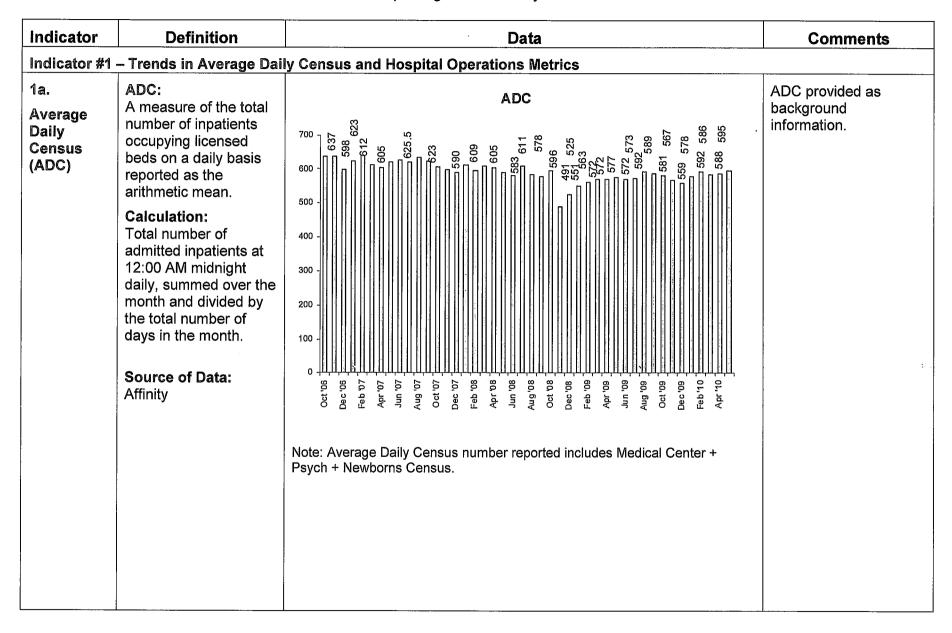
Attachment

Chief Executive Office **County Counsel**

Executive Office, Board of Supervisors

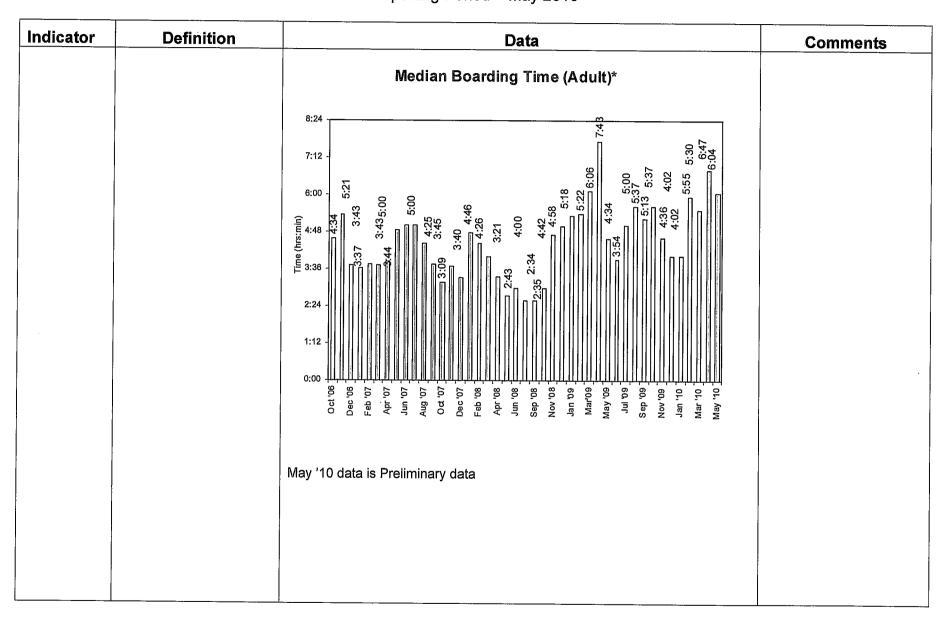


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Indicator	Definition	Data	Comments
		Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census + Newborn /600	
		80% - 73% 85% 85% 86% 86% 88% 88% 84% 89% 88% 88% 88% 84% 89% 88% 88% 86% 88% 88% 84% 89% 88% 88% 88% 84% 89% 88% 88% 88% 84% 89% 88% 88% 88% 84% 89% 88% 88% 88% 88% 88% 88% 88% 88% 88	
		3. Healthcare Network Budgeted Occupancy Med Center Census + Newborns + Psych Hosp Census / 671	
		90% - 82%83%85% 85% 85% 84.5% 86% 88% 87% 86% 88% 87% 80% - 33%77%	
		Medical Center = New Facility Healthcare Network = New Facility + Psychiatric Hospitals	

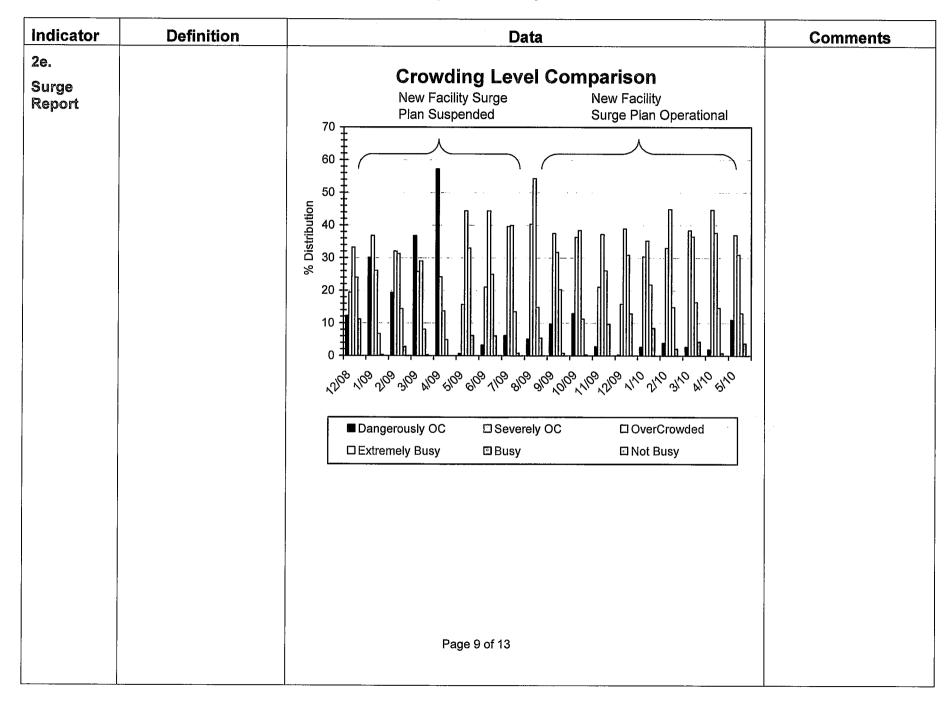
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2a. Median Emergency Department Boarding Time (EDBT)	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).	Wedian EDBT 8:24 7:12 6:00 4:448 4:45 6:02 4:45 6:02 4:45 6:03 4:45 6:04 6:05 6:06 6:06 6:07 6:08	
*Harris Rodde Indicator	Calculation: The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values.	Tim	
	Source of Data: Affinity Target: Less than 7 hours.	May '10 data is Preliminary data	



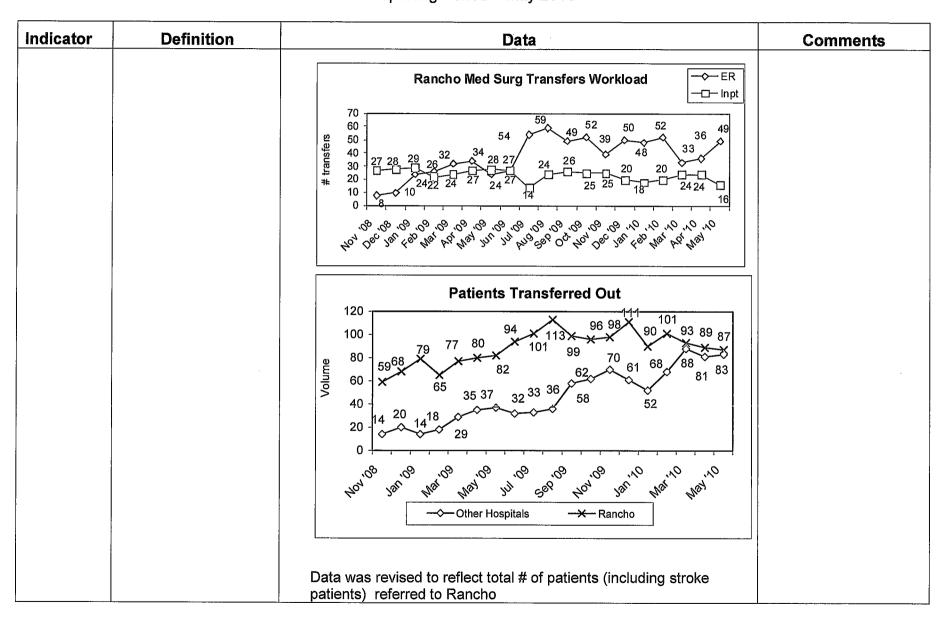
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmer	t Metrics	
2b. ED Cycle Time	ED Cycle Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. Definition: Sum of all Cycle time values during the monthly reporting period divided by the total number of values. Source of Data: Affinity Target: No target value. Lower numbers are better.	*Average ED Cycle Time 14:24 12:00 9:36 10:30 9:36 10:30 9:36 10:30 9:36 10:30 9:36 10:30 9:36 10:30 9:36 10:30 9:36 10:30 9:36 10:30 9:36 10:30 9:36 10:30 9:36 10:30 9:36 10:30 9:36 10:55 10:52 10:00 9:37 8:19 8:47 8:48 8:45 8:53;47 8:19 Adult Cycle Time: *Excludes Psych, Pediatric, Observation Unit, and Jail May'10 data is Preliminary data *Previously reported as Wait Time but now is more accurately describe as ED Cycle time as per definition above.	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2c. Left Without Being Seen (LWBS)	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.	2500 Left Without Being Seen 2500 18% 16%	
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis. Source of Data: Affinity Target: No target value. Lower numbers are better.	# 1000 - 10% - 10	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2d. ED Diversion	A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet	Diversion of ALS Units due to ED Saturation 70 60 49 45 42 34 34 34 35 35 36 37 38 36 37 38 38 36 37 38 38 36 37 38 38 38 38 38 38 38 38 38	This is slightly lower than the before move diversion history which generally ranged between 50-60%. Key points: Diversion is for paramedic runs only; Basic Life Support ambulances still arrive When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".



Indicator	Definition		Data			Comments
Indicator #3	– Trends for Patient Dive	ersions and Transfers & #4	– Transfers	s to Rancho Los	Amigos Metrics	•
3. & 4.	Transfers:	Month of May '10				
Rancho Los	The volume of patients transferred to RLAH for	Referrals from ER:	<u></u>			
Amigos	acute hospitalization from the Emergency		Med/Surg	Acute Stroke	Total	
Hospital (RLAH)	Department and from	# Met transfer criteria	62	NA	-	
Transfers	Inpatient Units.	# Referred to RLAH	57	18	75	
	Data Source:	# Transfers	49	18	67	
	Manual record keeping.	# Denied	8	NA	-	
		# Cancelled 5* NA -				
Cancelled category includes patients whose condition changed leading to	# Patients refused*	4	NA	-		
	whose condition	Referrals from Inpatients	*			
	higher level of care or discharge home.		Med/Surg	Acute Stroke	Total	
	-	# Met transfer criteria	32	NA	-	
		# Referred to RLAH	26	4	30	
		# Transfers	16	4	20	
		# Denied	10	NA		
		# Cancelled	5*	NA	-	
		# Patients refused*	0	NA	-	
		Other /Pending	1	NA	_	



Indicator	Definition	Data	Comments
Indicator #5	– Harris Rodde Indicator	'S	
5. Average Length of	LOS: The difference between discharge date and the admission date or 1 if	*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation ALOS	Overall trend in ALOS for the 2-year period prior to the move reduced to a low range
*Harris Rodde Indicator	the 2 dates are the same. Total LOS: Calculation: ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to	6.5 6.4 6.2 6.1 6.4 6.2 6.1 6.5 6.6 6.5 6.6 6.5 6.6 6.5 6.6 6.5 6.6 6.5 6.6 6.5 6.6 6.5 6.6 6.5 6.6 6.5 6.6 6.5 6.6 6.5	of 4.7 – 5.5 days in 2008. Immediately prior to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on number of transfers.
maioato	one decimal place.	20 Oct '06 Peb '07 Aug '07 Aug '08 Jun '08 Jun '08 Jun '09 Jun '10 May '10 May '10 May '10 May '10 Jun '09 Jun '10 Jun '09 Jun '10 Jun '09 Jun '10 Jun	
	Source of Data: Affinity Target: <5.5 days	— Target ALOS — — Actual ALOS	

Indicator	Definition			Data			Comments
Indicator #6 – F	ediatric Metrics			,,,,			
6. Pediatric Bed	Census: The total number	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
Census and	admitted pediatric inpatients at 12:00 AM	Nov-08	56%	54%	50%	33%	
Occupancy (%)	midnight of a designated pediatric	Dec-08	52%	60%	60%	40%	
	ward.	Jan-09	52%	68%	70%	75%	
Pediatric ICU	Occupancy:	Feb-09	50%	80%	80%	85%	
(PICU)	The total number of	Mar-09	57%	72%	70%	80%	
Neonatal ICU (NICU)	admitted pediatric inpatients divided by	Apr-09	57%	60%	60%	75%	
Pediatric Unit	the total number of licensed beds on that	May-09	62%	72%	70%	80%	
Adolescent	unit and reported as	Jun-09	60%	64%	60%	75%	
Unit	percentage.	Jul-09	57%	72%	60%	80%	
		Aug-09	55%	64%	60%	80%	
	Source of Data:	Sep-09	55%	68%	70%	80%	
	Affinity	Oct-09	45%	60%	60%	80%	
		Nov-09	35%	64%	70%	70%	
		Dec-09	40%	64%	70%	65%	
		Jan -10	60%	68%	70%	70%	
		Feb -10	65%	84%	80%	80%	
		Mar -10	65%	68%	60%	75%	
		Apr-10	60%	64%	60%	80%	
		May -10	67.5%	68%	80%	80%	